

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.
10/069799

APPLICANT(S)

FILING DAY

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. |
| 1 | | | | |
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| 48 | | | 1 | |
| 49 | | 1 | | |
| 50 | | 1 | | |
| TOTAL IND. | | | 17 | |
| TOTAL DEP. | | | 29 | |
| TOTAL CLAIMS | | | 46 | |

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|--------------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. |
| 51 | | 1 | | |
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| TOTAL IND. | | | 17 | |
| TOTAL DEP. | | | 29 | |
| TOTAL CLAIMS | | | 46 | |

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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